

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED

HEALTH CARE FINANCING ADMINISTRATION OMB NO. 0938-0193

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF</b></p> <p><b>STATE PLAN MATERIAL</b></p>	<p>1. TRANSMITTAL NUMBER: <b>01-04</b></p> <p>2. STATE: <b>New York</b></p>
<p><b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b></p>	<p>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</p>
<p>TO: REGIONAL ADMINISTRATOR</p> <p>HEALTH CARE FINANCING ADMINISTRATION</p> <p>DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>4. PROPOSED EFFECTIVE DATE: <b>January 1, 2001</b></p>

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT **XXX**

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

<p>6. FEDERAL STATUTE/REGULATION CITATION:</p> <p><b>Section 1902(a) of the Social Security Act</b></p>	<p>7. FEDERAL BUDGET IMPACT:</p> <p>a. FFY <b>2000-2001</b> <b>\$32.625 million</b></p> <p>b. FFY <b>2001-2002</b> <b>\$43.5 million</b></p>
<p>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</p> <p><b>Pages 1 to 4, Supplement 1 to Attachment 2.6-A</b></p> <p><b>Page 6, Supplement 1 to Attachment 2.6-A</b></p> <p><b>Pages 8 and 9, Supplement 1 to Attachment 2.6-A</b></p> <p><b>Page 7, Supplement 2 to Attachment 2.6-A</b></p> <p><b>Supplement 6 to Attachment 2.6-A</b></p>	<p>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</p> <p><b>Pages 1 to 4, Supplement 1 to Attachment 2.6-A</b></p> <p><b>Page 6, Supplement 1 to Attachment 2.6-A</b></p> <p><b>Pages 8 and 9, Supplement 1 to Attachment 2.6-A</b></p> <p><b>Page 7, Supplement 2 to Attachment 2.6-A</b></p> <p><b>Supplement 6 to Attachment 2.6-A</b></p>

**DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED**

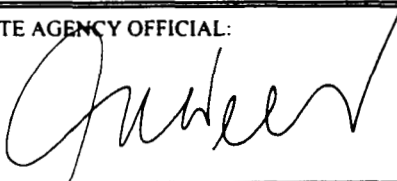
10. SUBJECT OF AMENDMENT: **Medically Needy Income Resource Standards**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **xxx**

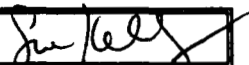
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  <b>New York State Department of Health, Corning Tower, Empire State Plaza, Albany NY 12237</b>
13. TYPED NAME: <b>Antonia C. Novello, M.D., M.P.H., Dr. P.H.</b>	
14. TITLE: <b>Commissioner</b>	
15. DATE SUBMITTED: <b>March 29, 2001</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <b>MAR 30 2001</b>	18. DATE APPROVED: <b>APR 25 2001</b>
---------------------------------------	---------------------------------------

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JAN 01 2001</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <b>Sue Kelly</b>	22. TITLE: <b>Associate Regional Administrator Division of Medicaid and State Operations</b>

23. REMARKS:

According to the Paperwork reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection of 0938-0193. The time required to complete this information collection is 10 hours (or minutes) per response, including the time to review instructions, search existing data resources, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HCFA, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850 and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

FORM HCFA-179 (07-92) *Instructions on Back*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New York

INCOME ELIGIBILITY LEVELS

A. **Mandatory Categorically Needy**

1. AFDC-Related Groups other than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Needy Standards</u>	<u>Payment Standards</u>	<u>Maximum Payment Amount</u>
--------------------	------------------------	--------------------------	-----------------------------------

2. Pregnant Women and Infants under Section 1902(a) (10) (i)(A) (IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

<u>133</u> Percent	<u>185</u> Percent (No more than 185 percent) (Specifically)
--------------------	---

<u>Family Sizes</u>	<u>Income Level</u>
<u>1</u>	<u>\$15.892</u>
<u>2</u>	<u>\$21.479</u>
<u>3</u>	<u>\$27.066</u>
<u>4</u>	<u>\$32.653</u>
<u>5</u>	<u>\$38.240</u>

TN NO. 01-04

Supersedes

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

TN NO. \_\_\_\_\_

HCFA ID: 7985E

TN

01-04

Approval Date APR 25 2001

Supersedes TN

00-08

Effective Date JAN 01 2001

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: New York

INCOME ELIGIBILITY LEVELS

A. Mandatory Categorically Needy (Continued)

3. Children under Section 1902 (a) (10) (i) (VI) of the act who have attained age 1 but have not attained age 6:

Effective April 1, 1990 based on 133 percent of the official Federal income poverty level.\*

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>11,425</u>
<u>2</u>	\$ <u>15,442</u>
<u>3</u>	\$ <u>19,458</u>
<u>4</u>	\$ <u>23,475</u>
<u>5</u>	\$ <u>27,492</u>
<u>6</u>	\$ <u>31,508</u>
<u>7</u>	\$ <u>35,525</u>
<u>8</u>	\$ <u>39,541</u>

For each additional person, add \$4,017.

\*New York State implemented these provisions effective October 1, 1990.

TN NO. 01-04  
Supersedes  
TN NO. -

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_  
HCFA ID: 7985E

TN 01-04 Approval Date APR 25 2001  
Supersedes TN 00-08 Effective Date JAN 01 2001

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New YorkINCOME ELIGIBILITY LEVELS (Continued)**B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOME RELATED TO FEDERAL POVERTY LEVEL****1. Pregnant Women and Infants**

The levels for determining income eligibility for groups of pregnant women and infants under the provisions of sections 1902 (a) (10) (A) (ii) (IX) and 1902 (1) (2) of the Act are as follows:

Based on 185 Percent of the Official Federal Income Poverty Level (no less than 133 percent and no more than 185 percent).

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>15,892</u>
<u>2</u>	\$ <u>21,479</u>
<u>3</u>	\$ <u>27,066</u>
<u>4</u>	\$ <u>32,653</u>
<u>5</u>	\$ <u>38,240</u>

TN No. 01-041  
Supersedes \_\_\_\_\_ Approval Date \_\_\_\_\_  
TN No. \_\_\_\_\_

Effective Date \_\_\_\_\_  
HCFA ID: 7985E

TN 01-04 Approval Date APR 25 2001  
Supersedes TN 00-08 Effective Date JAN 01 2001

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New YorkINCOME ELIGIBILITY LEVELS (Continued)**B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOME  
REALTED TO FEDERAL POVERTY LEVEL**a. Children from ages 6 to 19Based on 100 percent of the official Federal income poverty level:

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>8,590</u>
<u>2</u>	\$ <u>11,610</u>
<u>3</u>	\$ <u>14,630</u>
<u>4</u>	\$ <u>17,650</u>
<u>5</u>	\$ <u>20,670</u>

For each additional person, add \$3020

\*This group of children is now incorporated under Section 1902(1)(1)(D) of the Act as provided for under OBRA '90. The new provision covers children under 19 years of age and whose family income does not exceed 100% of the federal income poverty line.

TN No. 01-04

Supersedes

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

TN No. \_\_\_\_\_

HCFA ID: 7984E

TN 01-04 Approval Date APR 25 2001Supersedes TN 00-08 Effective Date JAN 01 2001

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**State: New York**

**INCOME ELIGIBILITY LEVELS** (Continued)

**C. Qualified Medicare Beneficiaries with Income Related to Federal Poverty Level**

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905 (p) (2) (A) of the Act are as follows:

1. Non-Section 1902 (f) States

a. Based on the following percent of the Official Federal Income Poverty Level:

Eff. Jan. 1, 1989: \_\_\_\_\_ 85 percent      100 percent (no more than 100)

Eff. Jan. 1, 1990: \_\_\_\_\_ 90 percent      \_\_\_\_\_ percent (no more than 100)

Eff. Jan. 1, 1991: 100 percent

Eff. Jan. 1, 1992: 100 percent

b. Levels:

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>8,590</u>
<u>2</u>	\$ <u>11,610</u>

---

TN 01-04  
Supersedes \_\_\_\_\_ Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_  
TN No. \_\_\_\_\_ HCFA ID: 7985E

TN 01-04 Approval Date APR 25 2001  
Supersedes TN 00-08 Effective Date JAN 01 2001

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: New York

Income Levels (Continued)

D. Medically Needy

X Applicable to all groups.

\_\_\_ Applicable to all groups except those specified below. Excepted group income levels are also listed on the attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for ___ months.	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	Net income for persons living in rural areas for ___ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007*
___ Urban Only				
___ Urban & Rural				
1	\$ 7,500	\$	\$	\$
2	\$ 10,800	\$	\$	\$
3	\$ 10,900	\$	\$	\$
4	\$ 11,000	\$	\$	\$

For each additional

Person add \$ 1,700 \$ \$ \$

\* The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose incomes exceeds these limits.

TN NO. 01-041

Supersedes

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

TN NO. \_\_\_\_\_

HCFA ID: 7985E

TN

01-04

Approval Date

APR 25 2001

Supersedes

TN 00-08

Effective Date

JAN 01 2001



Revision: HCFA-PM-91-4 (BPD)  
August 1991

Supplement 1 to Attachment 2.6-A  
Page 9  
OMB No. 0938-

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**State: New York**

**Income Levels** (Continued)

**D. Medically Needy**

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months.	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	Net income for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007*
_____ Urban Only				
_____ Urban & Rural				
5	\$ 11,900	\$	\$	\$
6	\$ 13,600	\$	\$	\$
7	\$ 15,300	\$	\$	\$
8	\$ 17,000	\$	\$	\$
9	\$ 18,700	\$	\$	\$
10	\$ 20,400	\$	\$	\$

For each additional  
Person add \$ 1,700 \$ \$ \$

\*The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose incomes exceeds these limits.

TN ~~01-04~~  
Supersedes  
TN NO. \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_  
HCFA ID: 7985E

TN 01-04 Approval Date APR 25 2001  
Supersedes TN 00-08 Effective Date JAN 01 2001

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**State: New York**

**Resource Levels** (Continued)

**B. Medically Needy**  
Applicable to all groups-

\_\_\_\_ Except those specified below under the provision of section 1902 (f) of the Act.

<u>Family Sizes</u>	<u>Resource Level</u>
<u>1</u>	\$ <u>3,750</u>
<u>2</u>	\$ <u>5,400</u>
<u>3</u>	\$ <u>5,450</u>
<u>4</u>	\$ <u>5,500</u>
<u>5</u>	\$ <u>5,950</u>
<u>6</u>	\$ <u>6,800</u>
<u>7</u>	\$ <u>7,650</u>
<u>8</u>	\$ <u>8,500</u>
<u>9</u>	\$ <u>9,350</u>
<u>10</u>	\$ <u>10,200</u>

For each additional person    \$ 850

TN NO. 01-04  
Supersedes TN NO. \_\_\_\_\_  
Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_  
HCFA ID: 7985E  
APR 25 2001  
TN 01-04 Approval Date \_\_\_\_\_  
Supersedes TN 00-08 Effective Date JAN 01 2001

State: New York

Standards for Optional State Supplementary Payments

Payment Category  Reasonable Classification	Administered by		Income Level				Income Disregard Employed
	Federal	State	<u>Gross</u>		<u>Net</u>		
			1 Person	Couple	1 Person	Couple	
(1)  Living Alone	(2)  X		(3)  300% of  SSI FBR		(4)  617	900	(5)  as per CFR 416. Part K
Living w/ others	X		300%	300%	553	842	300%
Living 1 Family Care NYC, Nassau, Suffolk, Rockland Counties Rest of State	X  X		300%	300%	796.48  758.48	1,592.96  1,516.96	
Level II Residential Care NYC, Nassau, Suffolk, Rockland Counties Rest of the State	X  X		300%	300%	965  935	1,930  1,870	
Level III Schools For the Mentally Retarded- NYC Rest of state	X X		300%	300%	1,012.96  988.96	2,025.92  1,977.92	

TN **01-04**

Approval Date

Supersedes TN

TN **01-04**

Date

Approval Date

APR 25 2001

Supersedes TN **00-08**

Effective Date

JAN 01 2001

NY Temp 1

## OS Notification

**Title/Plan Number:** SPA-New York-01-04

**Type of Action:** State Plan Amendment - Approval

**Required Date for State Notification:** Thursday, April 19, 2001. The Regional Office has the approval authority for this SPA.

**Fiscal Impact:** FY 2000-2001 \$32.625 million  
FY 2001-2002 \$43.5 million

The fiscal impact of this amendment was arrived at by using Current Population Survey (CPS) data and estimating the number of pregnant woman and infants to 185% of poverty, children 1 through 5 to 133% of poverty, children 6 through 18 to 100% of poverty.

**Beneficiary Impact:** None

**Detail:** This is a routine SPA submitted to reflect the increase in the Income Eligibility Levels for the Mandatory Categorically Needy, Medically Needy, Qualified Medicare Beneficiaries and Optional Categorically Needy Groups with income related to the Federal Poverty Level, in addition to raising the Resource Level for the Medically Needy. States are required to update the Income Levels in accordance with the increase in Federal Poverty Levels.

**Recommendation:** There is no need for the Secretary to contact the governor on this routine item.

**HCFA Contact:** Sue Kelly, Associate Regional Administrator

**Attachment:** N/A